



Sheltering Oaks Counseling
3717 Turman Loop
Suite 101
Wesley Chapel FL 33544
813-982-4230

2. Testing Intake Adult

Demographic Information

Name:

Birthdate:

Address:

Phone Number:

Email Address:

How did you learn about Sheltering Oaks? May we thank the person who referred you, without using your name? :

Presenting Problem

Describe the problems you have noticed and when they began:

Rate the severity of this concern, with 1 being not at all severe, and 10 being very severe.:

Please list any other healthcare providers involved in your care (e.g., neurologists, physicians, psychologists, social workers, occupational therapists, etc.):

What seems to make the problem worse?:

What seems to make the problem better?:

Current Symptoms

(check all that apply)

- Anxiety
- Appetite Issues
- Avoidance
- Crying Spells
- Depression
- Excessive Energy
- Fatigue
- Guilt
- Hallucinations
- Impulsivity
- Irritability
- Libido Changes
- Loss of Interest
- Panic Attacks
- Racing Thoughts
- Risky Activity
- Sleep Changes
- Suspiciousness

Medical History

Please list any current medical issues that you would like you feel may be important for your clinician to know:

Please list any medical issues you may have had as a child:

Family History

How is your relationship with your mother?:

How is your relationship with your father?:

Does anyone in the family have similar difficulties as you? If yes, please describe: :

Were you adopted? Describe the reason and circumstances. :

Are you a member of a religion/spiritual group? If so, please describe:

Have you ever tried the following?

(check all that apply)

- Alcohol
- Tobacco
- Marijuana
- Hallucinogens (LSD)
- Heroin
- Methamphetamines
- Cocaine
- Stimulants (Pills)
- Ecstasy
- Methadone
- Tranquilizers
- Pain Killers

If yes to any, list frequency/dates of use:

Have you ever abused prescription drugs? If yes, which ones?:

Legal

Have you ever been involved with the court currently or in the past? :

Academic

Did you have an IEP or 504 Plan, or another modified learning program? Please explain services you may have received in school.:

What were your typical grades? :

What are your strongest and weakest points, academically? :